South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report
for Community Mental Health Centers

ARSD 67:62

December 17-18, 2025

Southeastern Behavioral Healthcare

2000 S. Summit Ave

Sioux Falls, SD 57105

Outpatient Mental Health Services

Child, Youth, and Family Services

Comprehensive Assistance with Recovery and Empowerment

Individualized Mobile Programs of Assertive Community Treatment

1. Governance	Yes	No	N/A
a. Non-profit organization (67:62:03:01)	✓		
b. Annual, entity-wide financial audit (67:62:05:05)	✓		
c. Business hours posted in a prominent place on-premises (67:62:04:02)	✓		
d. Board of directors meets at least quarterly and keeps minutes of all meetings (67:62:03:03)	✓		
e. Up-to-date policy and procedure manual (67:62:05:01)	✓		
f. Up-to-date organizational chart (67:62:06:07)	✓		
g. Sentinel event policy (67:62:02:19)	✓		
h. Policy for notifying DSS of changes (67:62:02:18)	✓		
i. Adopted by-laws (67:62:03:02)	✓		
j. Serve the counties designated to them by the division (67:62:04:01)	✓		
k. Policy for not denying clients equal access to services (67:62:03:04)	✓		

Comments: Southeastern Behavioral Healthcare meets all requirements of this section.

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:62:05:06)	✓		
b. Policy prohibiting client abuse, neglect, and exploitation (67:62:07:03)	✓		
c. Client rights policy (67:62:07:01; 67:62:07:02)	✓		

d. Client grievance policy (67:62:07:04)	✓		
e. Submits accurate statistical data (67:02:05:02)	✓		
f. Discharge policy (67:61:06:07)	✓		
g. Client orientation policy and procedure (67:62:05:07)	✓		
h. Services shall be available for those with complex Mental health issues and co-occurring disorders (67:02:04:02)	✓		

Comments: Southeastern Behavioral Healthcare meets all requirements of this section.

3. Personnel	**Yes**	**No**	**N/A**
a. Orientation completed within 10 days of hire with all required components (64:62:06:04)	✓		
b. Office of Inspector General Medicaid exclusion list check (67:62:06:10)	✓		
c. Clinical director has at least master's degree in psychology, social work, counseling, or nursing, have a license in that field, and at least 2 years of supervised postgraduate clinical experience in a mental health setting (67:62:01:01; 67:62:06:02)	✓		
d. Policy and procedure for supervising employees, volunteers, and interns (67:62:06:05)	✓		
e. IMPACT services do not exceed a ratio of at least one primary therapist for every 12 clients (67:62:12:02)	✓		
f. Staff hired after 12/31/10 who provide direct MH and support services have at least an associate's degree in the social sciences or human services field (67:62:06:03)	✓		
g. Complete employee records; policies	✓		

to maintain those records (67:62:06:06)

Comments: Southeastern Behavioral Healthcare meets all requirements of this section.

4. Case Record Management	Yes	No	N/A
a. Procedures for closure and storage of case records (67:62:08:03)	✓		
b. Policy for case records to be retained for at least 6 years (67:62:05:04)	✓		
c. Established ongoing compliance review process (67:62:05:03)	✓		

Comments: Southeastern Behavioral Healthcare meets all requirements of this section.

5. Environmental/Sanitation/Safety/Fire Prevention	Yes	No	N/A
a. Health, safety, sanitation, and disaster plan (67:62:09:01)	✓		

Comments: Southeastern Behavioral Healthcare meets all requirements of this section.

6. Assessment (67:62:08:05)	Yes	No	N/A
a. Strengths of the client and client's family if appropriate; identification of resources within the family	✓		
b. Presenting problems or issues	✓		
c. Identification of readiness for change in problem areas	✓		
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and	✓		

	hospitalization			
e.	Relevant family history, including family relationship dynamics and family psychiatric and substance use history	✓		
f.	Family and relationship issues along with social needs	✓		
g.	Educational history and needs	✓		
h.	Legal issues	✓		
i.	Living environment or housing	✓		
j.	Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	✓		
k.	Past or current indications of trauma, domestic violence, or both if applicable	✓		
l.	Vocational and financial history and needs	✓		
m.	Behavioral observations or mental status	✓		
n.	Formulation of a diagnosis	✓		
o.	Eligibility determination	✓		
p.	Clinician's signature, credentials, and date	✓		
q.	Clinical supervisor's signature, credentials, and date	✓		
r.	Completed within 30 days of intake		✓	

Comments: Approximately 33% of reviewed outpatient mental health files contained assessments that were not completed within 30 days of intake.

7. Treatment Plan (67:62:08:07)	Yes	No	N/A
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	✓		
b. Diagnostic statement and statement of short and long-term goals	✓		
c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions that match the client's readiness to change	✓		
d. Statement identifying staff member responsible for facilitating treatment methods	✓		
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	✓		
f. Evidence of the client's meaningful involvement in formulating the plan	✓		
g. Completed within 30 days of intake		✓	

Comments: Approximately 87% of reviewed outpatient mental health treatment plans were not completed within 30 days of intake.

8. Progress Notes (67:61:07:08)	Yes	No	N/A
a. Progress note for each billable service	✓		
b. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	✓		

c. Brief assessment of the client's functioning	✓		
d. Description of what occurred during the session, including action taken or plan to address unresolved issues	✓		
e. Brief description of what client and provider plan to work on during the next session		✓	
f. Signature and credentials of staff providing the services	✓		

Comments: Approximately 33% of reviewed outpatient mental health progress notes did not contain descriptions of what the client and clinician plan to work on next time, were not specific to the client, or were not related to the description of what occurred during the session or interaction.

Additionally, some progress notes would have documentation of a concern by either the staff member or the client, but there was no further documentation addressing that concern anywhere in the client file. This did not show a pattern that rose to the level of non-compliance but it was recognized more than once.

9. Treatment Plan Review (67:62:08:08)	**Yes**	**No**	**N/A**
a. Treatment plan reviewed at a minimum of six month Intervals	✓		
b. Review of progress made or significant changes to goals or objectives	✓		
c. Justification for continued need for mental health Services	✓		
d. Staff signature, credentials, and date of review	✓		

Comments: Multiple treatment plan reviews were not completed, with documentation explaining the clients were either incarcerated or unlocatable. Treatment Plan Reviews must be completed every six months, whether the client is available to review them or not. This did show a pattern that rose to the level of non-compliance but it was recognized more than once.

10. Supervisory Review (67:62:08:09)	Yes	No	N/A
a. Progress toward treatment plan goals/objectives	✓		
b. Significant changes to treatment goals/objectives	✓		
c. Justification for continued need for mental health services	✓		
d. Staff signature, credentials and date of review	✓		

Comments: Southeastern Behavioral Healthcare meets all requirements of this section.

11. Crisis Intervention (67:62:08:11)	Yes	No	N/A
a. Crisis intervention is completed if client has safety Issues or risks, frequent crisis situations, recurrent Hospitalizations, out of home placements, homelessness, Is a danger to self or others, or has involvement in the criminal justice system.	✓		

Comments: Multiple client files showed documentation that a client was incarcerated or hospitalized, however those files did not contain crisis interventions. This did not show a pattern that rose to the level of non-compliance but it was recognized more than once.

12. Transfer or Discharge Summary (67:61:07:10)	Yes	No	N/A
a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge	✓		
b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	✓		
c. When a client prematurely discontinues services, reasonable attempts are made and	✓		

documented by the agency to re-engage the client into services, if appropriate

Comments: Southeastern Behavioral Healthcare meets all requirements for this section.

13.Signatures

X	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
	One Year Provisional Accreditation (70% and above)

Chris Kenyon

Chris Kenyon, Program Specialist

January 9, 2026

Date

December 17-18, 2025

Date of Site Visit

Muriel Nelson

Muriel Nelson, Program Manager

January 9, 2026

Date